



Mass Transit Administration (MTA)

Certification Office

6 Saint Paul Street

Baltimore MD 21202-1614

Phone 410-767-3441

Fax 410-333-4347

Office Use Only

Date rec'd. \_\_\_\_\_

DC \_\_\_\_\_

Temp \_\_\_\_\_ Perm \_\_\_\_\_

CS \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION FOR PARTICIPATON IN THE MASS TRANSIT ADMINISTRATION REDUCED FARE PROGRAM

Applications that are not complete will be returned for completion. The information on this application is confidential, is only intended for internal use, and will be protected from disclosure in accordance with State law. MTA shall evaluate this application and determine the applicant's eligibility for the Reduced Fare program, including duration of eligibility.

PLEASE PRINT CLEARLY.

THIS SECTION TO BE COMPLETED BY APPLICANT:

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Signature \_\_\_\_\_

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE  
APPLICANT'S PHYSICIAN OR HEALTHCARE PROFESSIONAL:

Physician's and/or Health Care Professional's Instructions

Instructions: To qualify for the MTA Reduced Fare program, an applicant must be a person who: (1) is elderly or is "disabled" as defined in the Americans with Disabilities Act of 1990; (2) is able to use regularly-scheduled mass transit service in a manner that does not present a hazard to the applicant or to other users of the service; and (3) is, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability (including being a non-ambulatory wheelchair user or having semi-ambulatory capabilities), unable without special facilities or special planning or design to utilize mass transit facilities and services as effectively as persons who are not so affected. The test is not of the applicant's



medical status, but of functional ability to use regularly scheduled transit service. If the applicant is able to use such service but experiences difficulty in doing so which results from the medical condition, the applicant is eligible for this Program. Where the functional limitation that results from a medical condition is presently corrected by medical treatment, such as medication or a prosthesis, generally the applicant does not qualify. A temporary condition that qualifies the applicant for this Program must be described as to the nature and expected duration. Should the condition persist beyond the projected date, the applicant should reapply for continued eligibility. Low income does not qualify a person for the Reduced Fare Program.

I certify that: \_\_\_\_\_  
meets the eligibility criteria described above, and that the qualifying disability  
is: TEMPORARY \_\_\_\_\_ PERMANENT \_\_\_\_\_ (Please check one)

If temporary, give date condition is expected to resolve: \_\_\_\_\_  
Below please state the nature of the disability and explain how it affects daily  
life activities and ability to utilize regularly scheduled mass transit service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed name of physician/healthcare professional

\_\_\_\_\_  
Physician/healthcare professional signature

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Telephone \_\_\_\_\_

NOTICE: Providing false information constitutes FRAUD which is  
punishable by law.

Applicants who are unable to use fixed route service because of  
disabilities may qualify for Paratransit service.

Call the MTA Certification Office at 410-767-3441 for information and an  
application.

**PLEASE MAIL THIS APPLICATION TO THE ABOVE ADDRESS.**